

OCT 19 2004

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October 19, 2004

TO : UNITED STATES PATENT AND TRADEMARK OFFICE

ATTN:

FAX NO.: 703-872-9306

TELEPHONE:

FROM: Michael A. Bush

RE: 09/995,832

YOUR REFERENCE: NK171701

OUR DOCKET: 1642.1001

NO. OF PAGES (Including this Cover Sheet) 8

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S&amp;H Form: (10/03)

<b>REPLY/AMENDMENT FEE TRANSMITTAL</b>		Attorney Docket No.	1642.1001		
		Application Number	09/995,832		
		Filing Date	November 29, 2001		
		First Named Inventor	Akiko MIYAKAWA, et al.		
		Group Art Unit	1772		
AMOUNT ENCLOSED	0.00	Examiner Name	Catherine A. SIMONE		
<b>FEE CALCULATION (fees effective 10/01/03)</b>					
CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Rate	Calculations
TOTAL CLAIMS	12	- 20 =	0	X \$ 18.00 =	\$ 0.00
INDEPENDENT CLAIMS	4	- 4 =	0	X \$ 88.00 =	0.00
Since an Official Action set an <u>original</u> due date of <u>October 19, 2004</u> , petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$110); 2 months (\$430); 3 months (\$980); 4 months					
If Notice of Appeal is enclosed, add (\$340.00)					
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$110.00)					
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)					
Total of above Calculations = \$ 0.00					
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)					
<b>TOTAL FEES DUE = \$ 0.00</b>					
(1) If entry (1) is less than entry (2), entry (3) is "0".					
(2) If entry (2) is less than 20, change entry (2) to "20".					
(4) If entry (4) is less than entry (5), entry (6) is "0".					
(5) If entry (5) is less than 3, change entry (5) to "3".					
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I hereby certify that this correspondence is being transmitted via facsimile to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450					
on <u>10/19/04</u> at <u>10:19 AM</u>					
By: <u>Michael A. Bush</u> Date: <u>10/19/04</u>					
<b>METHOD OF PAYMENT</b>					
<input type="checkbox"/> Check enclosed as payment.					
<input type="checkbox"/> Charge "TOTAL FEES DUE" to the Deposit Account No. below.					
<input checked="" type="checkbox"/> No payment is enclosed and no charges to the Deposit Account are authorized at this time (unless specifically required to obtain a filing date).					
<b>GENERAL AUTHORIZATION</b>					
<input checked="" type="checkbox"/> If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to:					
Deposit Account No.		19-3935			
Deposit Account Name		STAAS & HALSEY LLP			
<input checked="" type="checkbox"/> The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.					
SUBMITTED BY: STAAS & HALSEY LLP					
Typed Name	Michael A. Bush			Reg. No.	48,893
Signature	<u>Michael A. Bush</u>			Date	19 Oct 2004
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